

Memorandum

Date : June 7, 2005

CONFIDENTIAL

To : Matthew Cate, Inspector General
Office of the Inspector General
P. O. Box 348780
Sacramento, CA 95834-8780

Subject: **CALIFORNIA INSTITUTION FOR MEN CORRECTIVE ACTION PLAN**

Attached for your review is the required Corrective Action Plan (CAP) in response to the recommendations included in the report from the Office of the Inspector General (OIG), "Special Review into the Death of Correctional Officer Manuel A. Gonzalez, Jr., on January 10, 2005, at the California Institution for Men."

Also, included are the responses to the California State Board of Corrections' (BOC) report, "Independent Operations and Incident Review Panel on the California Institution for Men."

The findings related to the OIG Recommendation #9 were confidential and cannot be presented in a public document. The responses are also confidential and have been submitted with this transmittal letter and marked "confidential" to ensure they are not released as a public document.

Updates to this CAP will be submitted to you at 60 day intervals until all corrective actions are complete.

If you have any questions or require any revisions, please contact me at 323-6001.

ORIGINAL SIGNED BY

RODERICK Q. HICKMAN
Secretary

Attachment

cc: J. S. Woodford, Director, Department of Corrections
John Dovey, Chief Deputy Director, Field Operations
Ernest C. Van Sant, Deputy Director, Support Services
Suzan L. Hubbard, Deputy Director (A), Institutions Division
Renee Kanan, Deputy Director (A), Health Care Services Division
Wendy Still, Regional Administrator-South (A), Institutions Division
Yulanda Mynhier, Assistant Deputy Director (A), Health Care Services Division

Jeanne Woodford
Walter Allen III
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Richard Alvarado, Regional Administrator (A), Health Care Services Division

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Finding #1: The Office of the Inspector General found that the California Institution for Men inappropriately housed Blaylock in a general population unit despite his recent parole from a security housing unit and his demonstrated violence toward other inmates.

The Office of the Inspector General recommends that the California Institution for Men take the following actions:

Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP *
1.	Use the Offender-Based Information System to carefully screen all incoming inmates and assign them to administrative segregation if the offender paroled from an indeterminate security housing unit term or if the offender's history otherwise merits such placement.	R. Juarez, A/W, Reception Center- Central, CIM	<p>Establish policy at CIM that requires all newly received inmates be placed in Administrative Segregation, pending review by the Institutional Classification Committee, if the inmate paroled from a Security Housing Unit or Administrative Segregation Unit, or if the inmate's history otherwise warrants such placement.</p> <p>Via Spring Finance Letter FY 2005/2006, obtain authorization for staff to ensure screening via OBIS terminal of inmates received between 2200 hours and 0600 hours and on weekends and holidays.</p> <p>As an interim measure, train designated custody staff in OBIS operation and begin screening on First Watch and on weekends and holidays.</p> <p>Maintain a listing in the Reception Center-Central Control (RCC) and Security Administration Building (SAB) of all staff authorized and trained to use the terminal and update at least monthly.</p>	<p>7-01-05</p> <p>6-06-05</p> <p>6-15-05</p> <p>6-15-05</p>	<p>Policy In Development</p> <p>4.0 Office Assistant II positions approved in Spring Finance Letter. Received authorization 5-23-05 to establish these positions. Permanent budget authority contingent on passage of the Fiscal Year 2005/06 Budget Act.</p> <p>20 positions at Reception Center-Central (4 Lieutenants, 7 Sergeants, and 9 Correctional Officers), have been designated. Training to be conducted by 6-15-05.</p> <p>Initial list to be placed in RCC and SAB upon completion of training.</p>	<p>Proof of Practice (POP)* Policy and Training Verification</p> <p>POP: 607's and position establishment.</p> <p>POP: In-Service Training Sheet and Post Orders.</p> <p>POP: Authorized OBIS user listing.</p>

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1.	(Continued)	R. Juarez, A/W, Reception Center-Central, CIM Scott Williams, A/W, Business Services	Upon approval of additional staff via Finance Letter FY 2005/2006: <ul style="list-style-type: none">Develop Post Orders and Job Duty StatementsEstablish positions via 607's.Hire additional staffing.Train new staff on OBIS Operation.Add newly hired and trained staff to resource list in Reception Center-Central Control and Security Administration Building	7-01-05 7-01-05 8-01-05 8-01-05 8-01-05	Authorization to establish positions in the current year received 5-23-05. Met & discussed with Union prior to 5-31-05. Positions to be advertised by 6-15-05.	POP: <ul style="list-style-type: none">607 documentsJob Duty StatementsPost OrdersTraining IST RecordsUpdated Resource ListAppointment Documents (647's)

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2.	Continue the newly adopted practice of using an Offender-Based Information System terminal 24-hours per day in lieu of placing unscreened inmates into the general population.	R. Juarez, A/W, Reception Center-Central, CIM	<p>Via Spring Finance Letter FY 2005/2006, obtain authorization for staff to ensure screening via OBIS terminal of inmates received between 2200 hours and 0600 hours and on weekends and holidays.</p> <p>As an interim measure, train designated custody staff in OBIS operation to begin screening on First Watch and on weekends and holidays.</p> <p>Maintain a listing in the Reception Center-Central Control and Security Administration Building of all staff authorized and trained to use the terminal and update at least monthly.</p> <p>Upon approval of additional staff via Finance Letter FY 2005/2006:</p> <ul style="list-style-type: none"> Permanently establish positions via 607's. Hire additional staffing. Train new staff on OBIS Operation. Add newly hired and trained staff to resource list in Reception Center-Central Control and Security Administration Building 	<p>6-06-05</p> <p>6-15-05</p> <p>6-15-05</p> <p>7-01-05 or upon passage of 05/06 Governor's Budget</p> <p>8-01-05 8-01-05 8-01-05</p>	<p>Authorization to establish positions received from Bob Horel, Chief of Support Services, YACA and Dave Lewis, Acting Deputy Director, Financial Services Division on 5-23-05.</p> <p>Training scheduled for 6-15-05.</p> <p>Listing will be compiled upon completion of training.</p> <p>607's being developed. Positions to be addressed by 6/15/05.</p> <p>Met & discussed with Union prior to 5-31-05.</p>	<p>POP: Verbal authorization to establish in the current year received 5-23-05 from Bob Horel, Chief of Support Services, YACA and Dave Lewis, Acting Deputy Director, Financial Services Division.</p> <p>POP: IST records.</p> <p>POP: Listing of authorized users.</p> <p>POP:</p> <ul style="list-style-type: none"> Approved 607's Positions Filled Updated PAS and MAR Revised Resource List

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3.	Stress to line and supervisory staff the importance of carefully following prescribed classification regulations and procedures, including supervisory review of subordinates' work; use periodic audits by executive staff and progressive discipline to enforce compliance. Provide remedial training as necessary.	T. Felker, Warden (A), CIM A. Fakhoury, Chief Deputy Warden (A), CIM	Schedule training for all staff involved on the Institution Classification Committee regarding requirements of that assignment. Provide training for staff and document attendance Initiate weekly critique of compliance following each ICC Committee.	6-01-05 6-15-05 7-1-05	Training scheduled for 6-15-05. After training, critiques to be conducted beginning 7-1-05. Critiques conducted on each case at weekly ICC Hearings document on Blank Call Sheets	POP <ul style="list-style-type: none"> Training Notification IST Training Records Blank Call Sheets with notes of critiques. In-Service Training Sign In Sheets.
4.	Emphasize to all staff the need to charge inmates with the crimes the evidence demonstrates they committed while in custody, and use periodic audits by executive staff and progressive discipline to enforce compliance. Provide remedial training as necessary.	T. Felker, Warden (A), CIM D. K. Sisto, Chief Deputy Warden (A), CIM A. Fakhoury, Chief Deputy Warden (A), CIM	Provide training to Chief Disciplinary Officers, Captains, and Senior Hearing Officers/Hearing Officers in the administration of the Inmate Disciplinary Process. Training will include classification of misconduct that also constitutes a crime, hearing procedures and authorized dispositions. Initiate monthly reviews of Institution Registers of Rules Violations Reports and critique with Chief Disciplinary Officers.	6-15-05 7-1-05	Training for CDOs and Captains scheduled for June 7, 2005. Training for SHOs/HOs scheduled for June 14, 15, and 16, 2005. Monthly Review scheduled to begin 7-1-05	POP: Training Records POP: Written Monthly Review critiques
5.	Consider establishing a pre-parole designation that would allow parole regions and county jails to route parole violators with specific custody designations to the reception centers most suitably designed to handle them.	John Dovey, Chief Deputy Director, Field Operations Jim Le'toile, Deputy Director (A), Parole & Community Services	Evaluation will be conducted to determine the need for a pre-parole designation. The initial review of the recommendation causes concern about its feasibility with regard to the logistics involved and our ability to meet the timelines in regards to Valdivia. The tracking of this type of designation would be challenging without the information technology that would support it.	9-1-05	Work plan to be developed.	POP: Final Policy Decision

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6.	Work with the California Institution for Men to develop more administrative segregation beds. If this is impractical to do, evaluate modifying the prison's mission to preclude the need for more beds or prepare and submit a budget change proposal for the necessary funding.	T. Felker, Warden (A), CIM S. Williams, Associate Warden, Business Services, CIM	Meet with Facilities Management Branch to clarify scope of approved projects. Recommendations for physical modifications of designated housing units at CIM have been approved and included in Budget for fiscal year 2005/2006. Establish final, prioritized schedule of projects and assignments for construction. Begin work on approved projects Complete approved projects. Develop appropriate Operational Procedures for using these housing units for Administrative Segregation, if needed.	5-11-05 (Completed) 5-23-05 (Completed) 6-30-05 07-01-05 1-30-07 1-30-07	Initial meeting occurred. Scope of projects clarified. Senate/Assembly approved funding request. Funding is pending Budget enactment. Written project matrix and timeline in development. Projects will be started upon approval of the Fiscal Year 2005/06 Budget Act and signing of the Budget.	POP: List of meeting attendees. POP: Fiscal Year 2005/06 Budget Act. POP: Project Matrix POP: Project Schedule
7.	Work with the California Institution for Men to either phase out Sycamore Hall as a living unit for high-security inmates or to upgrade it to meet safety and security standards. If the latter, prepare and submit a budget change proposal for the necessary funding.	T. Felker, Warden (A), CIM S. Williams, Associate Warden, Business Services, CIM	Meet with Facilities Management Branch to clarify approved project scopes. Recommended physical plant changes submitted and approved in Budget for fiscal year 2005/2006. Begin physical plant modifications of Sycamore Hall. Complete physical modifications of Sycamore Hall.	5-11-05 (Completed) 5-23-05 (Completed) 7-01-05 1-30-07	Meeting occurred. Final approval pending passage of the Fiscal Year 2005/06 Budget Act. Funding contingent on approval of Fiscal Year 2005/06 Budget Act.	POP: Meeting attendee list. POP: Spring Finance Letters POP: Project schedule and approved Fiscal Year 2005/06 Budget Act.

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8.	Update the August 21, 1998, memorandum advising Wardens that it is mandatory for them to chair Institutional Classification Committee meetings on a routine, rather than an exceptional, basis. Hold Wardens accountable for doing so.	Suzan L. Hubbard, Deputy Director (A), Institutions Division	Prepare and publish a revised policy memorandum addressing requirement for Wardens to chair ICC. Require Classification Services Representatives (CSR) to review and report on compliance monthly.	8-1-05 9-1-05	Memorandum has been submitted to Director for signature.	POP: Memorandum to be distributed to Wardens by 8-1-05.
9.	Amend California Code of Regulations, Title 15, Section 3341.5(8) to mandate that when an inmate returns to prison either as a parole violator or as a new commitment, having paroled from a security-housing unit, the inmate be placed in administrative segregation pending an evaluation by the Institution Classification Committee.	Suzan L. Hubbard, Deputy Director (A), Institutions Division	On an emergency basis, issue a directive requiring institutions to take the necessary actions pending revision of the California Code of Regulations. Department will commit to draft and file emergency regulations through the Administrative Procedures Act and to expedite the development of the regulation language.	7-1-05 10-01-05	Memorandum has been developed and is pending administrative review. Department expediting development of emergency regulations.	POP: Distribution of memorandum. POP: Change to California Code of Regulation Title 15.

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Finding #2: The Office of the Inspector General found that Blaylock’s reception center processing was delayed due to complex case factors that severely limited his options for transfer to another institution.

The Office of the Inspector General recommends that the California Department of Corrections

Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP
1.	Initiate a peer review audit with subject matter experts to identify any discrepancies in the processing of reception center inmates at the California Institution for Men.	J. Dovey, Chief Deputy Director, Field Operations	Assign Resource Review Team to conduct audits of CIM.	3-21-05 (Completed)	Team established and in place.	POP: Team findings and Corrective Action Plan.
		K. W. Prunty, Resource Review Team Leader	Complete review of Reception Center Processing and submit report with findings and recommendations to Warden, CIM and Southern Regional Administrator.	7-01-05	Review completion on schedule.	POP: Team Findings Report.
		T. Felker, Warden (A), CIM	Prepare a Corrective Action Plan to address any deficiencies identified.	6-15-05	Under development.	POP: Corrective Action Plan
			Begin monthly Status Reports and document progress on Corrective Actions to Deputy Director Mission-Based and Directorate.	8-01-05		POP: Monthly Status Reports

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Finding #3: The Office of the Inspector General found that the stabbing of Officer Gonzalez might have been prevented if officers on the Second Watch at Sycamore Hall, including the victim, had followed security protocols and additional security restrictions imposed in response to earlier incidents in the housing unit.

The Office of the Inspector General recommends that the California Institution for Men

Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP
1.	Remind all custody staff of the importance of carefully reading and following post orders, including those requiring supervisory staff to monitor subordinates' work and to frequently inspect living units. Exercise progressive discipline to enforce compliance and provide remedial training as necessary.	T. Felker, Warden (A), CIM K. W. Prunty, Resource Review Team Leader T. Felker, Warden (A), CIM	Prepare and distribute directive to all Custody Staff: <ul style="list-style-type: none"> Advising of the importance of reading and following post orders. Directing supervisory/management staff to make frequent tours and inspections of their areas and document findings. Complete Security Audits of all four facilities at CIM. Prepare Corrective Action Plans to address deficiencies in Security Audits. Begin Monthly Status Reports documenting progress in correcting deficiencies.	4-20-05 (Completed) 5-13-05 (Completed) 6-01-05 (Completed) 7-01-05	Completed Completed Completed	POP: Written Warden's Directive. POP: Security Audit Results Report. POP: Corrective Action Plan POP: Monthly Status Report
2.	Management staff should monitor custody supervisors' adherence to important security-related directives and post orders, ensuring to hold supervisory staff accountable for compliance.	T. Felker, Warden (A), CIM K. W. Prunty, Resource Review Team Leader T. Felker, Warden (A), CIM	Prepare and distribute directive to all Custody Staff: <ul style="list-style-type: none"> Advising of the importance of reading and following post orders. Directing supervisory/management staff to make frequent tours and inspections their areas and document findings. Complete Security Audits of all four facilities at CIM. Prepare Corrective Action Plans to address any deficiencies identified. Begin Monthly Status Reports documenting progress on Correcting Actions.	4-20-05 (Completed) 5-13-05 (Completed) 6-01-05 (Completed) 7-01-05	Completed Completed Completed	POP: Written Warden's Directive POP: Written Security Audit Results POP: Security Audit Corrective Action Plan POP: Monthly Status Reporting

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Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP
3.	Ensure that all security-related directives are as clear and specific as possible in order to avoid misinterpretation by staff.	T. Felker, Warden (A), CIM D. K. Sisto, CDW (A), CIM A. Fakhoury, CDW (A), CIM	Require on-going review of all security related-directives to ensure clarity and conciseness to the highest degree possible. Review-clarify Program Status Reports at each Morning Meeting to address any misinterpretations. Examine areas of restricted activity daily to ensure compliance.	7-01-05 & On-going 7-01-05 & On-going 7-01-05 & On-going	Review underway Process to commence on 6-1-05. Daily visits by 1 st and 2 nd line supervisors. Question staff and observe operation. Record on log.	POP: Written Review Results. POP: Morning Meeting Notes Record inspection/compliance on log.
4.	Hold the Warden and her Executive Staff accountable for ensuring that they comply with the above recommendations.	W. Still, Regional Administrator-South (A), Institutions Division	Ensuring security-related directives are as clear and specific as possible. Continuous review of daily operations by the Warden and Chief Deputy Wardens for compliance with the requirements of: <ul style="list-style-type: none"> Ensuring staff read and comply with post orders. Supervisors monitor subordinates work and frequently inspect living units. Monitoring by management staff of supervisors compliance with important security-related directives and post orders.	3-15-05 (Completed) 3-15-05 (Completed) 6-15-05 6-15-05 6-15-05 On-going	Program status currently reviewed weekly by the Southern Regional Adminstrator. Initial Review completed. On-going completed as follows: Supervisors to review Post Orders weekly/ongoing and sign with red pen when reviewed on Unit Log. Supervisors/managers have received directive to conduct frequent inspections of their areas of responsibility. Regular and frequent visits by A/W/CDW to units.	POP: Weekly Program Status Reports submitted by CIM POP: Supervisor's signature in red pen in Unit Log documenting the Post Order review. Supervisors/Managers signing in the Unit Log noting inspection of Unit. Review HU log to verify supervisor visit. Sign off HU log and DAR.

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Finding #4: The Office of the Inspector General found that Sycamore Hall inmates were able to obtain and hide weapons because of lax tool controls, poor building maintenance and the consistent failure of the Correctional Staff to conduct required cell searches.

The Office of the Inspector General recommends that the California Institution for Men take the following actions:

Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP
1.	Require staff to timely and accurately complete tool maintenance inventories as well as conduct required cell searches.	T. Felker, Warden (A), CIM	Distribute directive advising all staff of their responsibilities for effective Tool Control.	5-03-05 (Completed)	Completed	Warden's Directive memorandum.
			Distribute directive advising all staff of their responsibilities to conduct required cell searches.	7-1-05	Directive being developed.	POP: Warden's Directive memorandum and audits of cell search logs.
		K. W. Prunty, Resource Review Team Leader	Complete Security Audits of each facility at the California Institution for Men.	5-13-05 (Completed)		POP: Resource Audit
		T. Felker, Warden (A), CIM	Via Spring Finance Letter FY 2005/2006, obtain approval for Security Squad for CIM.	5-23-05	5.0 Correctional Officer Squad positions approved in Spring Finance Letter. Final approval to be received when Fiscal Year 2005/06 Budget Act passes.	POP: Post Assignment Schedule Master Roster and Job Duty Statements. Authorization to establish positions received from Bob Horel, Chief of Support Services, YACA and Dave Lewis, Acting Deputy Director, Financial Services Division on 5-23-05.
			Develop Corrective Action Plans for deficiencies identified in the Security Audits.	6-01-05 (Completed)	Completed	Corrective Action Plan
			Upon approval of request via Finance Letter FY 2005/2006:			Interview List
			<ul style="list-style-type: none"> • Activate Security Squad Positions • Select staff for Security Squad. • Permanently establish positions via 607's. • Begin utilizing Security Squad to conduct Tool Control Audits and enforcing compliance. 	6-15-05 6-15-05 7-1-05 8-01-05	Interviews conducted week of 5-21-05. 5 staff selected. Process 607's by 7-1-05 Interviews conducted week of 5-21-05. 5 staff selected.	POP: Post Assignment Schedule, Master Roster and Tool Control Audits. Attach job change notices from Personnel Assignments office.

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2.	Assemble an experienced team and conduct a thorough inspection of the California Institution for Men. This inspection should identify all maintenance problems and result in a corrective action plan. In addition, the team should identify staffing requirements and resources necessary to complete repairs and maintain the physical plant.	J. Dovey, Chief Deputy Director, Field Operations	Assemble Resource Review Team to conduct a thorough inspection of the California Institution for Men.	3-21-05 (Completed)	Team Assembled and reported.	POP: Resource Team Member Notification Memorandum and Team Listings.
		K. W. Prunty, Resource Review Team Leader	Complete inspection of CIM to identify maintenance problems.	5-13-05 (Completed)	Results to be included on final report by Resource Review Team on 6-01-05.	POP: Audit Report
		T. Felker, Warden (A), CIM	Identify staffing requirements and resources necessary to complete repairs and maintain the physical plant.	7-01-05	Resource needs in development.	POP: Resource/Staffing Need Report
			Prepare Corrective Action Plan to address maintenance issues.	6-30-05	Corrective Action Plan to include identification of resources needs.	POP: Corrective Action
		S. Williams, Associate Warden, Business Services, CIM	Begin Monthly Status Reports to document progress of corrective actions to be submitted to Deputy Director, Mission Based RC's and Directorate.	8-01-05	Monthly Status Report format in development.	POP: Monthly Status Report

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Finding #5: The Office of the Inspector General found that the California Department of Corrections procured and distributed protective vests to the Institutions consistent with its budget change proposal and its agreement with the California Correctional Peace Officers Association; however, delays in issuing vests at the California Institution for Men were unwarranted.

The Office of the Inspector General recommends that the California Department of Corrections do the following:

Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP
1.	Issue protective vests to correctional employees expeditiously upon arrival of the vests at the institution.	Suzan L. Hubbard, Deputy Director (A), Institutions Division	Publish directive that all institutions ensure vests are issued as soon as possible upon receipt, the next business day, if possible.	2-17-05 (Completed)	<ul style="list-style-type: none"> Verbal and electronic notification sent on 2/14/05. A follow up memorandum is being prepared to send to the field. 	POP: The follow up memorandum will require responses to the respective Regional Administrator.
2.	Update <i>California Department of Corrections Operations Manual</i> , Section 33020.16 to address new policies and procedures for protective vests.	Suzan L. Hubbard, Deputy Director (A), Institutions Division	<p>Obtain input from Stakeholders.</p> <p>Develop draft policy.</p> <p>Initiate required revisions.</p> <p>Seek administrative approval and required funding to support policy revision.</p> <p>Prepare an interim draft policy revision in consideration of currently available funding.</p>	<p>Completed 2-17 & 5-10-05</p> <p>Completed 2-24-05</p> <p>Completed 5-03-05.</p> <p>8-1-05</p> <p>To Be Completed by 7-01-05</p>	<ul style="list-style-type: none"> Stakeholders were involved throughout the revision process Initial electronic stakeholder review and input was due 2/17/05. Initial draft presented to Agency on 4/13/05. Supplemental draft copy sent to Agency on 4/29/05. <p>Final hard copy stakeholder reviews underway.</p> <p>Interim policy currently under development.</p>	<p>POP: Completed Comprehensive Vests Policy</p> <p>POP: Interim Vests Policy</p>
3.	Require facilities to report quarterly vest inventory using the California Department of Corrections (CDC Form 1405), and develop and implement an inventory tracking system to ensure all protective vests are adequately accounted for and replaced according to manufacturer's standards.	Suzan L. Hubbard, Deputy Director (A), Institutions Division	<p>Formulate and distribute new policy for vests.</p> <p>Designate position for Departmental Vest Control Person (VCP).</p> <p>Designate Institutional Vest Control Persons.</p> <p>Mandate Quarterly Vest Control Inventories.</p>	<p>9-1-05</p> <p>9-1-05</p> <p>9-1-05</p> <p>10-1-05</p>	<p>The draft policy revision is being revised. Subsequent funding approval is also required. The YACA will seek funding once final vest policy is approved by the Secretary of the YACA.. A staff safety review of CDC facilities is being conducted by BOC.</p>	<p>POP: DOM Section 33020</p> <p>POP: EOU Quarterly Vest Inventory Report</p>

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Finding #6: The Office of the Inspector General found that the Medical Clinic at the California Institution for Men Reception Center where the victim was taken after the stabbing was poorly equipped and ill-prepared to handle the emergency.

The Office of the Inspector General recommends that the California Institution for Men take the following actions with respect to its Central Reception Center Clinic:

Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP
1.	Develop comprehensive procedures specific to the clinic that focus on delivery of emergency medical services.	J. Flores-Lopez, Health Care Manager (A), CIM	Complete urgent/emergent response Local Operating Procedure (LOP) and submit to the QMC then Local Governing Body. The CIM QMC has chartered a QIT that is reviewing and revising CIM's Urgent/Emergent Response LOP. (These procedures will provide specific guidelines for urgent/emergent medical care in the outpatient clinic setting).	7-31-05	Draft completed, approval in process.	(LOP available as proof of practice.)
		Senior MTA				
		CHSA I				
		Warden, CIM HCM, CIM	Provide training on new LOP for all medical and custody staff.	8-31-05	Pending approval of LOP.	(Training rosters and agendas will be maintained for proof of practice.)
		Warden, CIM HCM, CIM	Conduct Institutional Emergency Response Drills twice annually, to include all CIM Medical Facilities.	8-31-05 and ongoing	Pending approval of LOP.	(Copy of debriefing reports will be maintained for proof of practice.)

PLEASE SEE ATTACHMENT #1 FOR ADDITIONAL HEALTH CARE SERVICES RESPONSE

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2.	Assess the clinic's needs with respect to emergency medical supplies and equipment and assure that the clinic is adequately stocked with them. The Chief Medical Officer should institute a practice of conducting regular inventories and inspections of these supplies and restock those that have been consumed or lost to spoilage or obsolescence.	J. Flores-Lopez, Health Care Manager (A), CIM	Emergency equipment that was inconsistent with the level of care provided in the clinics has been removed and replaced with the Clinic Emergency Response Bag. If higher-level emergency services are required, the patient(s) shall be transported to the standby emergency services facility for management. A checklist of the contents of the Clinic Emergency Response Bag is maintained in the clinics. Clinic Emergency Response Bags are currently used by the Registered Nurse (RN)/Medical Technical Assistant (MTA) staff in each outpatient clinic area to respond to medical emergencies. A checklist has been implemented to ensure daily checks are maintained and supplies are replaced as necessary.	5-01-05	Completed.	(Copy of checklists will be maintained for proof of practice.)
		Senior MTA; CHSA I DON	Train all medical staff to ensure they are familiar with the guidelines for the updated Clinic Emergency Response Bag. The Health Care Manager with the assistance of the DON and SMTA will ensure that all equipment checklists and clinic inspections are maintained as required by the LOP.	6-30-05	In process and ongoing.	(LOP, training rosters and agendas will be maintained for proof of practice.).

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3.	Ensure that the emergency supplies are ready to use and are immediately accessible. A crash cart would address this purpose within the clinic, and could also be easily taken to any emergency in the facility served by the clinic.	J. Flores-Lopez, Health Care Manager (A), CIM	Maintain a crash cart in the standby Emergency Services area and an identical cart as backup in the GACH area.	6-30-05	In process and on schedule.	(Presence of crash cart(s) available as proof of practice.)
		DON	Develop and implement a checklist for the Clinic Emergency Response Bag at each Outpatient Medical Clinic.	5-01-05	Completed and ongoing as needed for revision.	(Copy of checklists will be maintained for proof of practice.)
		Senior MTA; CHSA I DON	Train all medical staff to ensure they are familiar with the guidelines for the “Clinic Response Bags.” The Health Care Manager with the assistance of the DON and SMTA will ensure that all equipment checklists and clinic inspections are maintained as required by the LOP.	7-31-05	In process and pending approval of LOP.	(LOP, training rosters and agendas will be maintained for proof of practice.)

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4.	Provide specialized training in emergency medical procedures for clinic staff and other employees as appropriate. This may include courses leading to advanced cardiovascular life support certification. Further, management should provide additional training in medical charting and proper documentation of emergency medical incidents.	J. Flores-Lopez, Health Care Manager (A), CIM CHSA I; Nurse Instructor	Require all appropriate staff working in the standby Emergency Services Facility to acquire and maintain resuscitation skills. Provide training through IST and OJT for medical charting, documentation, skills training and report writing. All healthcare staff is required to maintain current Healthcare-Provider BLS certification, which includes Bag/Valve/Mask ventilation techniques. Licensed staff is responsible for maintaining appropriate certification(s) in BLS. Periodic training for all clinical staff shall include orientation, emergency drills, debriefing after action critiques, and where appropriate, skills labs. While Standby Emergency Services licensure is maintained at the GACH, all physicians working in the Standby Emergency Services facility must acquire and/or maintain resuscitation skills.	10-01-05 8-01-05 & Ongoing	In process and on schedule. Development of Lesson Plan(s) in process.	(Copies of certification available as proof of practice.) (Training rosters and agendas will be maintained for proof of practice.) Lesson Plans
5.	The institution's medical staff should engage in thorough debriefing following incidents of medical emergencies. California Evidence Code, Section 1157, encourages a frank evaluation of quality of care issues by prohibiting discovery of such information. The California Institution for Men should take full advantage of this statute by engaging in candid and complete self-assessments after significant medical events, whether involving inmates or employees.	J. Flores-Lopez, Health Care Manager (A), CIM	Revise Urgent/Emergent Response LOP, which will outline debriefing requirements and self-assessment guidelines after medical emergencies. Conduct thorough reviews of all medical emergencies through the Institution and Departmental Emergency Medical Response Review Committees. Provide training as directed by the Emergency Medical Response Review Committees (ERRC)	7-31-05 Ongoing Ongoing	Draft completed, approval in process. Ongoing Ongoing	(Copies of LOP and ERRC will be maintained as proof of practice.) (Copies of LOP and ERRC will be maintained as proof of practice.) (Training rosters and agendas will be maintained for proof of practice.) ERRC Committee Notes.

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6.	The institution should consider retaining the services of a consultant in emergency medicine to provide a comprehensive review of its policies, protocols, procedures, staffing, training, quality assurance/improvement program, supply and equipment requirements and to provide guidance on implementing improvements. The consultant should be knowledgeable and experienced in establishing and maintaining emergency medical clinics outside of a traditional hospital setting.	Renee Kanan, M.D., Deputy Director (A), HCSD Denny Sallade, SSM-III, HCSD	Obtain an Interagency Agreement (IA) with the University of California to provide consulting support for inmate health care services. Obtain Emergency Medical Consulting Services through the IA for comprehensive reviews of the institution's Emergency Policies, Protocols, Procedures, etc. The Staff Services Manager III will monitor the progress of the efforts to achieve the IA and shall report this no less frequently than bimonthly to the Deputy Director, HCSD.	10-17-05 10-17-05 Ongoing through duration of contract.	IA's developed with UCSD and UCSF. UCSD is physician assessment IA Both IA's in place and undergoing amendments. Contract also in place with Greeley to perform reviews and development of policies and procedures.	(Contract will be available as proof of practice.) (Contract will be available as proof of practice.) (Reports will be available as proof of practice.)
7.	Review the Emergency Preparedness of its other institutions to ensure that the deficiencies found at the California Institution for Men do not exist elsewhere.	Renee Kanan, M.D., Deputy Director (A), HCSD David Hellerstein, M.D., Physician & Surgeon, HCSD and Kenneth Kukrall, Emergency Operations, CDC Custody Contact	Charter a CDC multi-divisional Emergency Response Policy Development Taskforce (ERPDT) to perform a cross-institutional evaluation of current urgent/emergent response capabilities. Develop proposed standardized urgent/emergent policies and procedures. Emergency medical consulting services will be obtained through the Interagency Agreement specified in 6 above, to assist with the evaluation and policy development. The ERPDT will report its progress bimonthly to the Deputy Director, HCSD, who will be responsible for monitoring both the progress of the multi-institutional review and the development of a statewide Emergency Response Policy.	7/31/05 ERPDT 3-31-06 Ongoing through duration of charter.	Team development and team focus underway. Pending team development. Ongoing.	(Project Charter will be available as proof of practice.) (Policies & procedures will be available as proof of practice.) (Reports will be available as proof of practice.)

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Finding #7: The Office of the Inspector General found that the Management of the California Institution of Men did not set up an Emergency Operations Center or institute an Emergency Operations Plan in the wake of Officer Gonzalez' stabbing due to ambiguous protocols. As a result, there was some confusion in the chain of command, emergency operations policies were not implemented, the crime scene was destroyed, and an incident log was not initiated.

The Office of the Inspector General recommends that the Department of Corrections take the following actions:

Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP
1.	Reinforce with Institutional Executive Staff the intent, objective, and purpose of implementing the Emergency Operations Plan when an inmate initiated disturbance significantly disrupts routine institutional operations or programs.	Suzan L. Hubbard, Deputy Director (A), Institutions Division	Issue a directive to all Departmental Executive Staff related to the implementation of the Emergency Operations Plan in response to an inmate initiated disturbance that significantly disrupts routine Institutional Operations. Provide instruction to institutional executive and managerial staff Discussion regarding this topic will be a portion of the September 2005 Wardens meeting.	5-06-05 (Completed) Ongoing 7/19-21/05	The Emergency Operations Unit provides emergency management training as a portion of the Emergency Operations Exercise process. During this training, use of the Emergency Operations Plan to assist in management of inmate initiated and natural disasters is discussed.	POP: Memo on File POP: EOU Training Records POP: Warden's Meeting Minutes
2.	Update Section 55010 of the <i>California Department of Corrections Operations Manual</i> so that it (1) clarifies ambiguities such as the circumstances under which the Emergency Operations Plan should be implemented, and (2) incorporates changes in technology that have occurred since the manual's last revision in 1989.	Suzan L. Hubbard, Deputy Director (A), Institutions Division	Complete a comprehensive revision of the Departmental Emergency Plan Guidelines to comply with the Federal mandate to incorporate the elements of the National Incident Management System. Developed and submitted a Budget Concept Statement to seek funding departmentally. BCS Hearing held and Budget Change Proposal (BCP) authorized. Seek grant funding from the State Office of Homeland Security.	Federally mandated by Fed. Fiscal Year 2007 3/28/05 Submitted 6-2-05 3/11/05 (Completed)	CDC is pursuing grant funding resources to assist with this project. Approved at the Deputy Director level. BCP being developed.	POP: Revised Departmental Emergency Plan POP: Budget Concept Statement POP: Budget Change Proposal POP: Grant Application

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The Office of the Inspector General recommends that the California Institution for Men take the following actions:						
Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP
3.	Reinforce through training, the responsibility of supervisors and management to direct employees to provide leadership and direction in the face of emotionally devastating situations such as a staff murder to ensure that all objectives specified under the Emergency Operations Procedures are met. These objectives include, but are not limited to, consideration of crime scene preservation and evidence collection to enhance potential criminal prosecutions.	T. Felker, Warden (A), CIM	Complete the revision of the CIM Emergency Operations Plan to incorporate the directive from the Department regarding the implementation of the Emergency Operations Plan in response to an inmate disturbance that significantly disrupts routine Institutional Operations.	5-23-05 (Completed)	Completed	POP: Revised CIM Emergency Operations Plan (Resource Supplement #28)
			Provide training to every custody supervisor and manager to ensure they are fully knowledgeable of the expectations. Training will include detailed discussions on the content of Resource Supplement #28, regarding the protection of crime scenes and the collection and preservation of evidence.	6-30-05	Training being scheduled.	POP: In-Service Training Records.

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Finding #8: The Office of the Inspector General found that the California Institution of Men did not implement important emergency procedures in response to the incident, leading to contamination of the crime scene and the loss of important evidence.

The Office of the Inspector General recommends that the Department of Corrections take the following actions:						
Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP
1.	Evaluate the need for a Memorandum Of Understanding or protocols governing when an outside agency should take primary responsibility for the criminal investigation of a crime against a staff member. In doing so, consider the limited resources of institutional investigative units and the emotional impact that a crime against staff may have on the institution's ability to react properly.	Suzan L. Hubbard, Deputy Director (A), Institutions Division	Conduct a Departmental Review of the MOUs in place at the institutions to evaluate the adequacy of the agreements and provide for essential standardization of protocols.	1-1-06	Pending approval of proposed pilot study of ISU operations.	LEIU will initiate the collection and review of all institutional MOUs as part of the proposed LEIU re-organizational plan and pilot project.
		Rick Rimmer, Assistant Director (A), LEIU	Conduct a Departmental Review and evaluation of the need for and sufficiency of Investigative Services Units and/or Security Squads at all institutions.	4-1-06	Pending approval of proposed pilot study of ISU operations.	LEIU has proposed a pilot project that addresses the analysis of ISU staffing and functions.
2.	Reevaluate and assess the scope and responsibility of institutions' Investigative Services Units as the primary criminal investigative entity given their manpower, training, and resource limitations.	Rick Rimmer, Assistant Director (A), LEIU	Conduct a Departmental Review and evaluation of the necessity and adequacy of the Investigative Staff assigned to each institution, the training provided and the responsibilities assigned to these units.	4-1-06	Pending approval of proposed pilot study of ISU operations.	The Law Enforcement and Investigations Unit has proposed this evaluation and the issues will be addressed in a pilot study and two-year implementation plan.

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Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP
3.	Clearly define the role and expectations of Investigative Services Units in identifying and securing potential crime scenes, identifying and preserving evidence and, if they remain the primary investigative entity, proper collection and processing of the crime scene and evidence.	Rick Rimmer, Assistant Director (A), LEIU	Conduct a Departmental Review of the adequacy of Institution Investigative Services Units in terms of staffing and resources in relation to the duties assigned to these units.	4-1-06	Pending approval of proposed pilot study of ISU operations.	The Law Enforcement and Investigations Unit has proposed this evaluation and the issues will be addressed in a pilot study.
4.	Evaluate the need for training at the correctional officer, sergeant and Investigative Services Unit levels regarding the identification and collection of physical evidence with potential forensic examination in mind, including but not limited to the manner of collection, processing and documentation.	Suzan L. Hubbard, Deputy Director (A), Institutions Division Rick Rimmer, Assistant Director (A), LEIU	Assess the current training provided to staff at all institutions, especially officers and sergeants in the subjects of crime scene preservation and preservation of evidence to determine the format for initial and refresher training in these important subjects.	4-1-06	Pending approval of proposed pilot study of ISU operations. LEIU will collaborate with ODT on this training project.	The Law Enforcement and Investigations Unit has proposed this evaluation and the issues will be addressed in a pilot study.
5.	Develop a "lessons learned" instructional curriculum by which all institutions can learn what went right and what went wrong in the events leading up to and following the death of Officer Gonzalez.	Suzan L. Hubbard, Deputy Director (A), Institution Division	September 2005, during the Wardens' Meeting a post incident review/critique will be conducted in regards to the lessons learned from this incident. Convene a multi-divisional task force to develop a "lessons learned" instructional curriculum.	10-1-05 9-1-05	Reception Center Wardens have been meeting monthly as a "lessons learned" approach. This includes a tour of the reception center where the meeting is held to identify best practices and problem areas. All Wardens will be included in "lessons learned" instructional curriculum September 2005.	POP: Meeting minutes.

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The Office of the Inspector General recommends that the California Institution for Men take the following actions:						
Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP
6.	Evaluate whether the “squad” concept of correctional officers specially trained in crime scene investigation and crime scene and evidence preservation is appropriate for the California Institution for Men under existing conditions.	T. Felker, Warden (A), CIM	<p>Via Finance Letter FY 2005/2006, Pursue approval and funding of a Security Squad for CIM.</p> <p>Upon approval of request via Finance Letter FY 2005/2006:</p> <ul style="list-style-type: none">Establish positions and activate posts via 607.Select staff for the Security Squad.Begin training of Security Squad Staff in duties and responsibility of assignment including crime scene preservation and preservation of evidence.Assign Security Squad to provide training for other staff. <p>Schedule Security Squad Staff for availability on each Watch for processing crime scenes and preserving evidence.</p>	<p>5-23-05 (Completed)</p> <p>7-01-05</p> <p>7-22-05</p> <p>7-22-05</p> <p>9-01-05</p> <p>4-1-06</p>	<p>5.0 Correctional Officer positions approved in Spring Finance Letter. Permanent authority contingent upon passage of the Fiscal Year 2005/06 Budget Act. Authorization to establish positions received from Bob Horel, Chief of Support Services, YACA and Dave Lewis, Acting Deputy Director, Financial Services Division on 5-23-05.</p> <p>Approval to activate in current year received 5-23-05 from YACA</p>	<p>POP: Revised Post Assignment Schedule, Master Roster</p> <p>POP: 607’s, Master Roster, Post Assignment Schedule, In-Service Training Records and Revised Operational Procedures.</p>

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Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP
7.	Using departmental policies and procedures, as well as the best practices of the law enforcement profession, develop better methods for processing, booking, and transferring evidence. These methods should include a “chain of custody” that will satisfy legal and operational requirements of both the transferring and receiving entities.	T. Felker, Warden (A), CIM D. K. Sisto, Chief Deputy Warden (A), CIM	Review existing CIM policies and procedures for consistency with training provided by the Departmental Law Enforcement and Investigations Unit. Meet with representatives from the Chino Police Department and the San Bernardino County Sheriff’s Office to review best practices from these agencies. Complete review/revision of policies and procedures at CIM to incorporate best practices.	6-15-05 7-01-05 9-01-05	Review to be conducted by CIM ISU Lieutenant in collaboration with LEIU. CIM ISU Lieutenant to coordinate and attend meetings. CIM ISU Lieutenant to prepare policy/procedure revisions.	POP: Written Report of Findings from CIM ISU to the Warden. POP: CIM ISU Report to Warden. POP: Revised policies and procedures.

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Office of the Inspector General Comment on Finding 9: Pages 24 through 31 of this Corrective Action Plan have been redacted at the request of the Youth and Adult Correctional Agency because they pertain to confidential medical records.

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Finding #10: The Office of the Inspector General found that Blaylock was permitted to conduct a telephone conference with an attorney before he was indicted for the murder of Officer Gonzalez even though the attorney's request for the conference was not properly submitted in writing.

The Office of the Inspector General recommends that the Department of Corrections take the following actions:

Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date To Be Completed	Current Status	Comments/POP
1.	Evaluate and, if necessary, modify regulations governing "confidential calls" between inmates and their attorneys. Such modifications may address (1) permitting verification through independent sources that the requesting attorney is licensed to practice, (2) verifying that the attorney actually represents the inmate in question and (3) balancing inmates' right to counsel with the institution's need to validate such calls and its resources available to facilitate them.	Suzan L. Hubbard, Deputy Director (A), Institutions Division Kathleen Keeshen Deputy Director, Legal Affairs Division	Evaluate the regulations governing "Confidential Calls" between inmates and their attorneys to determine any need for clarification and/or revision. Consult with the Departmental Legal Affairs Division and request an Opinion on the adequacy of existing regulations.	8-1-05 7-1-05	Existing regulation currently under review by Institution Services Unit and Legal Affairs Division.	POP: Request legal opinion from Legal Affairs Division and conduct appropriate action based on opinion.
2.	Develop procedures for Wardens and Chief Deputy Wardens to communicate with key institutional staff members (such as the litigation coordinator and the public information officer) when inmates requiring special handling enter their institutions. Such communications should include instructions to staff that all external inquiries concerning these inmates should be referred to the attention of the Warden or Warden's designee.	Suzan L. Hubbard, Deputy Director (A), Institutions Division	Evaluate the need for additional procedures to improve communications between key institutional staff members. Implement Director's requirement for Wardens to hold daily morning meetings with staff.	9-1-05 7-1-05	Evaluation Underway	POP: Deputy Director determination POP: Institutions' and Executive Staff Meeting Notes/Minutes.

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Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date to be Completed	Current Status	Comments
1.	The California Department of Corrections needs to immediately conduct a security audit, management and training audit, maintenance and physical plant audit, and assess whether the stated missions of the California Institution for Men can be safely accomplished within the existing physical plant.	John Dovey, Chief Deputy Director, Field Operations K. W. Prunty, Resource Review Team Leader T. Felker, Warden (A), CIM	Assemble Resource Team and deploy to the California Institution for Men (CIM) to conduct audits. Complete audits of Security, Management, Training and Physical Plant and submit report with recommendations. Develop Corrective Action Plans for deficiencies identified in the audits. Begin Monthly Status Reports to document progress and corrective actions.	3-21-05 (Completed) 6-01-05 (Completed) 6-1-05 (Completed) 8-01-05	Team assembled on-site. Audits completed and corrective actions assigned to staff. Completed.	POP: Resource Team establishment notification and Team Member Listing. POP: Audit Report POP: Corrective Action Plan POP: Monthly Status Report
2.	Referrals to the Director's Review Board (DRB) should be completed in a timely manner.	K. W. Prunty, Resource Review Team Leader Suzan Hubbard Deputy Director (A), Institutions Division	Evaluate and make recommendations for improving DRB processes. Review/Revise DRB process.	7-01-05 10-01-05	Evaluation underway. Pending completion of evaluation.	POP: Written Evaluation and Recommendation Report and DRB desk procedure update. POP: Revised DRB Procedure.

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Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date to be Completed	Current Status	Comments
3.	<p>Communications among staff needs to be improved.</p> <ul style="list-style-type: none"> ◆ Communications to Warden and senior staff regarding high risk inmates and urgency to transfer; ◆ California Institution for Men-Reception Center staff needs a process for passing on threat information to other staff and shifts. 	T. Felker, Warden (A), CIM	Develop a formal procedure for forwarding recommendations for expedited transfer of inmates identified by staff as difficult management problems, to senior staff and the Warden.	7-01-05	Formal procedures under development.	POP: Formal Procedures
			Develop a formal procedure to ensure any information regarding threats against staff and/or inmates are immediately reported, documented and a thorough assessment of the threat is conducted.	7-01-05	Formal procedures under development.	POP: Formal Procedures
			Provide training to staff on proper reporting and documentation of threats against staff.	7-15-05	Training being scheduled.	POP: In-Service Training Records
4.	CIM should complete a post-incident review of all critical incidents and take appropriate steps to identify and address deficiencies.	T. Felker, Warden (A), CIM	Develop an appropriate format for use in debriefing each incident to ensure causative factors are fully evaluated and plans for addressing deficiencies are identified.	7-01-05	Format under development.	POP: Incident debriefing document.
			Provide direction and training to all supervisors and managers regarding this requirement.	7-15-05	Training being scheduled.	POP: Written directive and training records.

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5.	Immediate improvements are needed in the handling of crime scenes.	T. Felker, Warden (A), CIM	<p>Conduct additional training by ISU personnel for officers and first and second level custody supervisors in crime scene preservation and preservation of evidence.</p> <p>Establish a Security Squad at CIM to be responsible for control, preservation and processing of crime scene and evidence and training of staff.</p>	<p>5-15-05 (Completed)</p> <p>7-01-05</p>	<p>ISU staff at CIM are conducting 1 hour training each week in Block Training.</p> <p>5.0 Correctional Officer positions for Security Squad approved in Spring Finance Letter. Verbal authorization to establish received 5-23-05 from YACA.</p>	<p>POP: CIM In-Service Training Records</p> <p>POP: 607's, Master Roster, Post Assignment Schecule, In-Service Training Records and revised Operational Procedures.</p>
6.	Tools utilized within the facility need proper control and accountability.	<p>T. Felker, Warden (A), CIM</p> <p>K. W. Prunty, Resource Review Team Leader</p> <p>T. Felker, Warden (A), CIM</p>	<p>Distribute directive advising all staff of their responsibilities for effective Tool Control.</p> <p>Complete Security Audits and submit results to Warden and EOU.</p> <p>Develop Corrective Action Plans to address deficiencies identified.</p> <p>Activate Security Squad to conduct Tool Control Audits and to enforce compliance.</p> <p>Begin Monthly Status Reports to document corrective actions.</p>	<p>5-03-05 (Completed)</p> <p>5-14-05 (Completed)</p> <p>6-01-05 (Completed)</p> <p>7-15-05</p> <p>8-01-05</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>	<p>POP: Written directive</p> <p>POP: Written Audits</p> <p>POP: Corrective Action Plan</p> <p>POP: Post Assignment Schedule, Master Roster and Tool Control Audits.</p> <p>POP: Status Reports Updated to Warden, Deputy Director Mission Based and Directorate.</p>

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Item	Recommendations/Description	Action Required By Whom	Proposed Action Plan	Date to be Completed	Current Status	Comments
7.	The Institution needs to review its Memorandum of Understanding (MOU) agreements with outside agencies relative to mutual aid and investigation.	Suzan L. Hubbard, Deputy Director (A), Institutions Division Rick Rimmer, Assistant Director (A), LEIU	Conduct a Departmental Review of the MOUs in place at the institutions to evaluate the adequacy of the agreements and provide for essential standardization of protocols.	8-30-05	Process under administrative review by LEIU.	POP: MOU review resulting in recommendations.

APPROVED/DISAPPROVED

ORIGINAL SIGNED BY JIM LE'TOILE FOR
J. S. WOODFORD
Director

Date: June 7, 2005

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Finding #6: The Office of the Inspector General found that the Medical Clinic at the California Institution for Men Reception Center where the victim was taken after the stabbing was poorly equipped and ill prepared to handle the emergency.

In response to finding #6 the following introduction to health care services within the California Department of Corrections is provided: Health care services within the California Department of Corrections (CDC) were established and funded to provide emergency and routine medical and mental health services to the inmate population. Medical and mental health services and staffing vary between the institutions. While basic services are available at all prisons, some, such as the California Institution for Men (CIM), are equipped and licensed as hospitals, and can provide a wider range of services. CIM, as a Reception Center (RC), has an inmate population that includes all custody levels, including a large Minimum Support population. CIM encompasses two campuses, approximately one mile apart, and includes a General Acute Care Hospital (GACH) and an associated Emergency Care Facility licensed as a Standby Emergency Facility. It cares for the widest variety of medical populations, including patients infected with HIV and patients in chronic renal failure maintained on renal dialysis. There are six outpatient clinics (Minimum Support Facility (MSF), West, Central Administrative Segregation (AdSeg) Central Main Clinic, Central RC Clinic, and East Clinic), which are located in four separate buildings that provide Doctor line and to a lesser extent Nurse line ambulatory care, chronic disease management, and pill call services.

Outpatient health care services for CDC institutions are governed by the Inmate Medical Services Policies and Procedures (IMSP P&Ps), and the Mental Health Services Delivery System (MHSDS) Program Guides. These provide guidelines and standards for patient health care, including but not limited to the following services: sick call, chronic care, medication management, diagnostic services, preventive care, urgent/emergent care, reception services, health care transfer, specialty services, and mental health services.

Outpatient clinic urgent/emergent care is limited to first aid, and Healthcare-Provider Basic Life Support services. The GACH (inpatient services) and Standby Emergency Services at CIM are regulated by Title 22 requirements. These two services are located in the MSF building.

The CDC' Health Care Services Division (HCSD), has reviewed the OIG report, and implemented an interdisciplinary Quality Improvement Team (QIT), under the charter of the HCSD Quality Management Committee (QMC), to assist the institution in preparing a response. The QIT has evaluated current processes in light of the issues identified by the OIG to identify opportunities for improvement and prepare Corrective Action Plans (CAP) to address deficiencies.

The CIM Health Care administration has already initiated implementation of many of the corrective actions and will review the status of the CAP on a monthly basis. On a quarterly basis and until such time as deficiencies have been corrected, the Health Care Manager (HCM) shall submit a status report to his/her respective HCSD Regional Administrator. The CIM Health Care administration, supported by Quality Management Assistance Team (QMAT) staff, will continue to coordinate activities to identify opportunities for improvement, and to perform internal audits with accompanying analytical reports and corrective actions.

Having addressed the immediate deficiencies identified by the OIG, the HCSD considers this an opportunity to improve urgent/emergent care throughout our statewide correctional system. HCSD, using the Quality Management System (QMS), has chartered a statewide Emergency Response Policy Development Task Force (ERPDT), to be guided by the knowledge gained through our experience at CIM. The goal of the Task Force is to review urgent/emergent practices at all of our correctional institutions, and develop a set of statewide urgent/emergent policies and procedures, based upon best-practices and local considerations that are consistent with the community standard of care.